



***New Jersey Office of the Attorney General***

Division of Consumer Affairs

State Board of Mortuary Science of New Jersey

124 Halsey Street, 6th Floor, P.O. Box 45009

Newark, New Jersey 07101

(973) 504-6425

**Instructions for the Reinstatement of a Funeral Home's Registration**

Submit all of the following to the mailing address indicated above:

**Reinstatement Application:**

Complete all parts of the application.

**Application Fees:**

- (1) Payment of all past delinquent license renewal fees\*;
- (2) Payment of the current biennial license renewal fee\*; and
- (3) Payment of the reinstatement fee of \$150.00.

\* Licensure Reinstatement Fee Schedule:

|  |          |
|--|----------|
| Renewal Fee  | \$500.00 |
| The biennial period lasts for two (2) years, e.g. 1/1/07 - 12/31/09. Application fees must be calculated based on the fee for each biennial period that has occurred since the license lapsed, plus a reinstatement fee of \$150.00. |          |



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**Application for Reinstatement of a Funeral Home's Registration**

**Complete the following information. Please print clearly.**

Funeral Home name: \_\_\_\_\_

Address: \_\_\_\_\_  
Street

\_\_\_\_\_  
City State ZIP code

Work telephone number: \_\_\_\_\_ Fax number: \_\_\_\_\_  
(include area code) (include area code)

Ownership/Corporation status: \_\_\_\_\_

Date of last renewal: \_\_\_\_\_  
Month Day Year

**The manager or licensee-in-charge must answer the following questions regarding the time period since the establishment was last licensed in New Jersey. For all "Yes" answers, provide sufficient details on a separate sheet of paper.**

1. Has there been a change in the manager or licensee-in-charge of this funeral home since the facility last held an "active" registration? (If "Yes," please provide a copy of the corporate resolution designating the licensed practitioner of mortuary science and a letter indicating that the individual accepted the position.) ☐ Yes ☐ No
2. Has there been a change in the ownership of this funeral home since the facility last held an "active" registration? (If "Yes," please provide a copy of the certificate of incorporation or certificate of formation, and the name, address(es) and telephone number(s) of the officers, general partners, and/or members of the corporation or limited liability company, corporate charter.) ☐ Yes ☐ No
3. Does the manager of this facility currently hold the position of "manager" or "licensee-in-charge" of more than one registered funeral establishment? (If "Yes," please list the name(s) and address(es) of the other registered mortuaries.) ☐ Yes ☐ No
4. Are you aware of any criminal or disciplinary charges that have been filed against any of the owners of the funeral establishment since the facility last held an "active" registration? ☐ Yes ☐ No
5. Since your last renewal have you been arrested, charged or convicted of any crime or offense that you have not already reported to your Board? (Minor traffic offenses, such as speeding or parking need not be provided, but motor vehicle offenses such as driving while impaired or intoxicated must be reported.) ☐ Yes ☐ No
6. Since your last renewal has any action been taken or is any action now pending against your professional license or have you been permitted to surrender or otherwise relinquish your license to avoid inquiry, investigation or action by any other licensing authority that you have not already reported to your Board? ☐ Yes ☐ No

If you answered "Yes" to questions 5 or 6, you must describe the circumstances surrounding the event(s) on a separate piece of paper, and provide copies of the relevant complaint(s), indictment(s), judgment(s), order(s), and any other official documents which relate to the event(s) in question.

## AFFIDAVIT OF APPLICANT

I, \_\_\_\_\_, being duly sworn, depose and say under penalty of false statement, that I am the person described and identified in this application; that the information given in this application and all submitted materials contain no willful misrepresentations and that the information is true and complete. I understand that should an investigation at any time disclose otherwise, my application may be rejected, and I may face legal sanctions if I am already licensed. I understand that in signing this application for reinstatement, I am consenting to any reasonable inquiry that may be necessary to verify the information I have provided on this form or may provide in conjunction with this application.

I have read the above and understand the same.

\_\_\_\_\_  
Signature of applicant

Sworn and subscribed to before me this \_\_\_\_\_

day of \_\_\_\_\_, \_\_\_\_\_  
Month Year

\_\_\_\_\_  
Name of Notary Public (please print)

\_\_\_\_\_  
Signature of Notary Public

**Affix Seal Here**